

JUL 07 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. .... 09/814,260  
Filing Date ..... March 21, 2001  
Inventor ..... Scott E. Moore et al.  
Assignee ..... Micron Technology, Inc.  
Group Art Unit ..... 3724  
Examiner ..... T. Eley  
Customer No. .... 021567  
Attorney's Docket No. .... MI22-1663  
Title: Semiconductor Workpiece Processing Methods, A Method of Preparing  
Semiconductor Workpiece Process Fluid, and A Method of Delivering  
Semiconductor Workpiece Process Fluid to a Semiconductor Processor

**Mail Stop Fee Amendment**  
**Assistant Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria VA 22313-1450**

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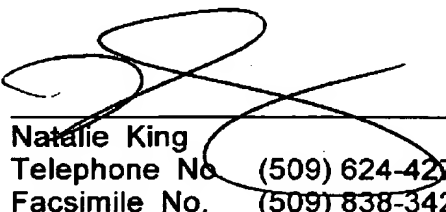
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2. Response to 4/7/2005 Office Action
3. Supplemental Information Disclosure Statement with Form PTO-1449

Dated: \_\_\_\_\_

7/7/2005

By: \_\_\_\_\_

  
Natalie King  
Telephone No. (509) 624-4276  
Facsimile No. (509) 838-3424

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PTO/SB/21 (03-03)

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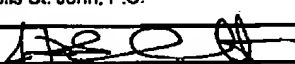
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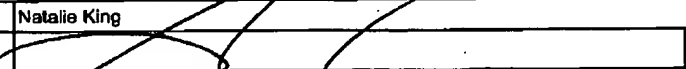
<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/814,280
	Filing Date	3/21/2001
	First Named Inventor	Scott E. Moore et al
	Art Unit	3724
	Examiner Name	T. Eley
Total Number of Pages in This Submission	Attorney Docket Number	MI22-1663

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-1449
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	James D. Shaurette, Reg. No. 39,833 Wells St. John, P.S.
Signature	
Date	7/7/05

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Signature		Date 7/7/05

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